

COMMUNITY READINESS REVIEW FORM

Admission Date: _____

- Level of care
- | | |
|----------------------------|-----------------------|
| 1. Independent living | 7. Family care home |
| 2. Live with family member | 8. Personal care home |
| 3. Transitional housing | 9. ICF/MR |
| 4. Halfway house | 10. SCL |
| 5. Supported living | 11. Nursing facility |
| 6. Boarding home | 12. Other |

ADDRESSOGRAPH

Dates of Assessment or Update(s) (mm/dd/yy)	Criteria or Protocols Used	Treatment Team Determination of Readiness	Treatment Team Determination Date (mm/dd/yy)	Level of Care Determination (See above for coding)	Patient Consent* for Discharge	Date of Patient Consent (mm/dd/yy)	Date of Transition Plan Development (mm/dd/yy)
		Y <input type="checkbox"/> N <input type="checkbox"/>			Y <input type="checkbox"/> N <input type="checkbox"/>		
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		Y <input type="checkbox"/> N <input type="checkbox"/>			Y <input type="checkbox"/> N <input type="checkbox"/>		

Provider Name(s) & Description	Date of Provider Contact (mm/dd/yy)	Reason for Continued Stay/Barriers (See below for coding)	Initials of Treatment team professional(s)

*If patient or legal representative refuses to consent or otherwise opposes discharge or community placement documents reasons in the Treatment Plan

Reasons for Continued Stay/Barriers

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Lack of placement or discharge alternative 2. Lack of community resources to support placement 3. On waiting list for SCL or ICF/MR Placement 4. Placement/discharge option no longer available 5. There is a waiting list for community placement or other Living arrangement 6. Patient deemed no longer ready for discharge due to change in Psychiatric condition, e.g. medication change, decompensation 7. Patient deemed no longer ready for discharge to change in Medical condition or persistent or unresolved problem on problem list 8. Patient and/or representative declined placement or discharge | <ol style="list-style-type: none"> 9. Application for benefits not processed 10. Awaiting guardianship 11. Patient does not meet placement intellectual requirement 12. Patient does not meet placement adaptive behavior requirements 13. Placement declined by provider 14. Change in level of care 15. Patient's condition has never stabilized 16. Court ordered stay _____ 17. Other |
|---|--|

Date of discharge: _____

Patient deceased: _____